COVERING EXPENDITURE REPORT COVERING JANUARY 1 THROUGH JUNE 30 DUE AUGUST 15 COVERING JULY 1 THROUGH DECEMBER 31 DUE FEBRUARY 15			Löbbyist's Registration Number			
/ DUE FEBRUARY 15			FOR OFFIC Postmark Da	CE USE ONLY		
Instruction	5.		ERA			
 Print in ink or type. Fill in Registration Number in spaces provided Complete form and return to the Board of Ethi Suite 200, Baton Rouge, LA 70809 (223) 92 This form must be delivered or postmarked This form may be faxed to (225) 922-1414. To on the day of fax transmittal. 	ics, 8401 United Plaza Blv 2-1400, by the due date		100	1698		
. Name Whof Kins Shirt	ey Gottsci	rales M				
Business Address 763 85	Jay 1077	Folso	M, Ju-	109.37		
Mailing Address	76385 x	fey 10,	11 Folsom	La. 709		
Business Phone 504-796	7326 Telephone Number	-	100			
. Total of all expenditures made January (Include expenditures from Schedules A and B)	1 through June 30:	\$	0_	——————————————————————————————————————		
Total of all expenditures made July 1 to (When Applicable) (Include expenditures	hrough December 31: from Schedules A and B)	\$	0			
. Total of all expenditures made during ((Line 4 added with Line 5 should equal Line 5)	calendar year:	5	<i>_0</i>			
Did you make an expenditure exceeding	g \$50 on one occasion	n for any o	ne legislator:			
From January 1 through June 30? From July 1 through December 31?	☐ Yes	No No	□ NA	i e		
If the answer to either question in Number	ber 7 above is YES, pl	lease comp	lete Schedule A and	attach		
rm 802, Rev., \$158	en a mare a mare de en			C7		

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LOBBYING EXPENDITURE REPORT



From January 1 through June 307	Yes	X	No		
From July 1 through December 31?	☐ Yes	⋈	No		NA
If the answer to either question in Nu	mber 8 above i	s YES, ple	ease con	aplete S	chedule A and attach.
 Did you expend funds for a reception legislature, either house, any standing created by resolution of either house, delegation thereof were invited during 	; committee, se subcommittee	of any con	ittes at	ababa.	MANAGEMENT OF THE PROPERTY OF THE PARTY OF T
☐ Yes		赵	No		
If the answer to Number 9 above is Y	ES, please con	aplete Sch	edule B	and atte	eh.
CERI	LIFICATION (DE ACCU	RACY		
				ct to the	best of my knowledge
I hereby certify that the information c	ontained hereir	ı is true an	d correc	et to the	best of my knowledge,
	ontained hereir ortable expend	is true an (tures hav	d correc	include	d herein; and that no

Form 802, Rev. 8/99